D-1065(Ext)	City of Detr	oit 1	998		
Partnersh	nip Income Tax -			STAMP DLN F	IERE
Г	<u> </u>		- ₆		
Federal Employer Identification	M M D D 1998, Ending	M M D D y y	<u> </u>		
I	T				
Partnership Name					
					\top
Address (Number and Stree	t or Rural Route)				
City or Town			_State_ Zip Code	e	
Reason for Extension:					
if approved, this extension w	ill be for 3 months. If you woul	d like to request an addition	al 3 month extension (to	tal 6 month extension) check	k here:
1 Total actimated tax liabili	ty for 1998				
1. Total estillated tax liabili	ty 101 1990				
2. 1998 Estimated Paymen	ts			2	
3. If line I is larger than line 2	2 enter amount of tax due. (ma	ke check payable to: Treasu	rer, City of Detroit)	3	
Under penalty of perjury, I decla	re that I have examined this retur	n (including accompanying sc	hedules and statements) a	nd to the best of my knowledge	e and belief It
is true, correct and complete. If p	prepared by a person other than	taxpayer, the declaration Is be	ased an all Information of	which the preparer has any kn	owledge.
			Signature of preparer	other than taxpayer	Date
Partner's Signature	Date Tit	le	Address		I.D.number
	6: Due Date: This return is du	ue April 30,1999 or at the			
MAIL TO: TREASURER, CI P.0 BOX 3353	0, Detroit Michigan 48232			others: DETROIT CITY INCO ounty Bldg., Detroit, Michig	
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For office use only.					
Denied					
Reason:					